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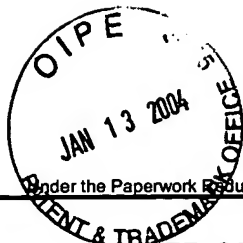
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number *10013*  
Filing Date *October 24, 2003*  
First Named Inventor *Michael S. Marszalec*  
Title *Counter-top Water Dispenser*  
Art Unit *Not Yet Known*  
Examiner Name *Not Yet Known*  
Attorney Docket Number *10013*

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
<i>Michael P. Mazza</i>	<i>34,092</i>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	<i>Michael P. Mazza, LLC</i>				
Address	<i>686 Crescent Blvd.</i>				
Address					
City	<i>Glen Ellyn</i>	State	<i>Illinois</i>	Zip	<i>60137</i>
Country	<i>USA</i>				
Telephone	<i>630-858-5071</i>	Fax	<i>630-858-0373</i>		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

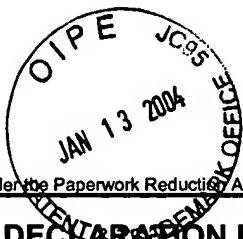
Name	<i>John A. Grecek, Elkey Mfg. Co., Watertech Division</i>		
Signature	<i>John A. Grecek</i>		
Date	<i>1-8-04</i>	Telephone	<i>630-574-8484</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

10013

First Named Inventor

Michael S. Marszalek

COMPLETE IF KNOWN

Application Number

10/692,944

Filing Date

October 24, 2003

Art Unit

Not Yet Known

Examiner Name

Not Yet Known

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COUNTERTOP WATER DISPENSER

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number:				OR <input checked="" type="checkbox"/> Correspondence address below	
Name		35420 PATENT TRADEMARK OFFICE			
Michael P. Mazza					
Address					
686 Crescent Blvd.					
City		State		ZIP	
Glen Ellyn		Illinois		60137	
Country		Telephone		Fax	
USA		630-858-5071		630-858-0373	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Michael S.		Marszalec			
Inventor's Signature				Date	
Residence: City		State		Country	
Freeport		Illinois		USA	
Mailing Address		Citizenship			
5667 US Rte. 20 W.		USA			
City		State		ZIP	
Freeport		Illinois		61032	
Country		USA			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Lowell Burnham					
Inventor's Signature				Date	
Residence: City		State		Country	
Freeport		Illinois		USA	
Mailing Address		Citizenship			
571 Sierra Drive #5		USA			
City		State		ZIP	
Freeport		Illinois		61032	
Country		USA			
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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## DECLARATION — Utility r D sign Pat nt Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 		OR <input type="checkbox"/> Correspondence address below	
Name <b>Michael P. Mazza</b>			
Address <b>686 Crescent Blvd.</b>			
City <b>Glen Ellyn</b>		State <b>Illinois</b>	ZIP <b>60137</b>
Country <b>USA</b>	Telephone <b>630-858-5071</b>	Fax <b>630-858-0373</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Michael S.</b>		Family Name or Surname <b>Marszialec</b>	
Inventor's Signature <b>Michael S. Marszialec</b>		Date <b>11/3/03</b>	
Residence: City <b>Freeport</b>	State <b>Illinois</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>5667 US Rte. 20 W.</b>			
City <b>Freeport</b>	State <b>Illinois</b>	ZIP <b>61032</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Lowell Burnham</b>		Family Name or Surname	
Inventor's Signature <b>Lowell Burnham</b>		Date <b>11/4/03</b>	
Residence: City <b>Freeport</b>	State <b>Illinois</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>571 Sierra Drive #5</b>			
City <b>Freeport</b>	State <b>Illinois</b>	ZIP <b>61032</b>	Country <b>USA</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
	Page <u>3</u> of <u>6</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael T.		Kopczewski	
Inventor's Signature	Michael T. Kopczewski		Date 11/4/03
Residence: City	State	Country	Citizenship
Grove City	Ohio	USA	USA
Mailing Address			
595 Scioto Meadows Blvd.			
Mailing Address			
City	State	Zip	Country
Grove City	Ohio	43123	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jay F.		Perkins	
Inventor's Signature	Jay F. Perkins		Date 11/3/03
Residence: City	State	Country	Citizenship
Pickerington	Ohio	USA	USA
Mailing Address			
9661 Jeffrey Drive			
Mailing Address			
City	State	Zip	Country
Pickerington	Ohio	43147	USA

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet <span style="float: right;">Page <u>4</u> of <u>6</u></span>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rafael M.		Rodriguez	
Inventor's Signature	Date		11/4/03
Residence: City	Ormond Beach	State	FL
		Country	USA
Citizenship USA			
Mailing Address 8 Arcero Ct.			
Mailing Address			
City	Ormond Beach	State	FL
		Zip	32174
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Chun-Yan		Wang	
Inventor's Signature	Date		11/04/03
Residence: City	Daytona Beach	State	FL
		Country	Taiwan ROC
Citizenship Taiwan ROC			
Mailing Address 778 Jimmy Ann Dr. #610			
Mailing Address			
City	Daytona Beach	State	FL
		Zip	32114
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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**DECLARATION** **ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 5 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Wei</u>		Family Name or Surname <u>Li</u>	
Inventor's Signature <u>Si Wen</u>		Date <u>2003.12.21</u>	
Residence: City <u>Foshan City</u>	State <u>Guangdong</u>	Country <u>PRC/China</u>	Citizenship <u>Chinese</u>
Mailing Address <u>Haining Building 2-3-202</u>			
Mailing Address <u>May Flower Garden, Shunde</u>			
City <u>Foshan City</u>	State <u>Guangdong</u>	Zip <u>528311</u>	Country <u>PRC/China</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Xizolin</u>		Family Name or Surname <u>Wu</u>	
Inventor's Signature <u>Xizolin</u>		Date <u>2003.12.24</u>	
Residence: City <u>Foshan City</u>	State <u>Guangdong</u>	Country <u>PRC/China</u>	Citizenship <u>Chinese</u>
Mailing Address <u>Hongye Building 405</u>			
Mailing Address <u>Nanquodong Road, Daliang, Shunde</u>			
City <u>Foshan City</u>	State <u>Guangdong</u>	Zip <u>528311</u>	Country <u>PRC/China</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Yanxiang</u>		Family Name or Surname <u>Xu</u>	
Inventor's Signature <u>Yanxiang Xu</u>		Date <u>2003.12.14</u>	
Residence: City <u>Foshan City</u>	State <u>Guangdong</u>	Country <u>China (PRC)</u>	Citizenship <u>Chinese</u>
Mailing Address <u>Haining Building 11-1-605</u>			
Mailing Address <u>May Flower Garden, Shunde</u>			
City <u>Foshan City</u>	State <u>Guangdong</u>	Zip <u>528311</u>	Country <u>China (PRC)</u>

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 6 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Yong		Nie	
Inventor's Signature	Date		03-12-25
Residence: City	Foshan City	Guangdong State Province	Country China (PRC)
Mailing Address	Haigang Building 7-2-402		
Mailing Address	Miyflower Garden, Shunde		
City	Foshan City	Guangdong State Province	Zip 528311 Country China (PRC)
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Bo		Huang	
Inventor's Signature	Date		03-12-25
Residence: City	Foshan City	Guangdong State Province	Country China (PRC)
Mailing Address	Haigang Building 2-3-502		
Mailing Address	Miyflower Garden, Shunde		
City	Foshan City	Guangdong State Province	Zip 528311 Country China (PRC)
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Zip
			Country

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